

By: Senator(s) Boyd

To: Medicaid

SENATE BILL NO. 2874

1 AN ACT TO REQUIRE HEALTH CARE PROFESSIONALS TO SCREEN BIRTH
2 MOTHERS FOR DEPRESSION AT THE TIME OF BIRTH; TO REQUIRE HEALTH
3 INSURANCE ISSUERS TO COVER SUCH SCREENING; TO PROVIDE EXEMPTIONS
4 TO HEALTH INSURANCE ISSUERS THAT ARE REQUIRED TO COVER SUCH
5 SCREENING; AND FOR RELATED PURPOSES.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

7 **SECTION 1.** For purposes of this act, the following terms
8 shall have the meanings ascribed herein:

9 (a) "Birth mother" means the biological mother of a
10 child.

11 (b) "Depression" means a mental illness classified as a
12 mood disorder that causes a persistent feeling of sadness and a
13 loss of interest.

14 (c) "Health benefit plan" means:

15 (i) Services consisting of medical care, provided
16 directly, through insurance or reimbursement, or otherwise, and
17 including items and services paid for as medical care under any
18 hospital or medical service policy or certificate, hospital or
19 medical service plan contract, preferred provider organization, or



health maintenance organization contract offered by a health insurance issuer; and

(ii) The Medicaid fee-for-service program and any managed care program, coordinated care program, coordinated care organization program or health maintenance organization program implemented by the Division of Medicaid.

A health benefit plan does not include the following: disability income plans, credit insurance plans, insurance coverage issued as a supplement to liability insurance, a medical payment under automobile or homeowner's insurance plans, health care provided pursuant to the Mississippi Workers' Compensation Act, a plan that provides only indemnity for hospital confinement, an accident-only plan, a long-term care only plan, a dental-only plan or a vision-only plan.

(d) "Health insurance issuer" means any entity that offers health insurance coverage through a health benefit plan, policy or certificate of insurance subject to state law that regulates the business of insurance. "Health insurance issuer" also includes a health maintenance organization, as defined and regulated under Section 83-41-301 et seq., and includes the Division of Medicaid for the services provided by fee-for-service and through any managed care program, coordinated care program, coordinated care organization program or health maintenance organization program implemented by the division.



(e) "Health care professional" means a person who is licensed, certified or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession.

SECTION 2. (1) A physician or health care provider who is attending a birth in this state or a licensed health care provider who is attending or providing medical treatment to a birth mother in this state shall facilitate a health care provider to screen the birth mother for depression within the first six (6) weeks of birth.

(2) If the birth mother declines to be screened for depression within the first six (6) weeks of having given birth, the physician or health care provider shall record in the patient's medical records that the birth mother was not screened for depression based upon the refusal of the patient. The record of a patient refusal relieves the physician and the health care provider of liability under this section.

(3) Records, reports, data or other information collected or maintained under this section that identifies or could be used to identify an individual patient, health care provider or institution shall be confidential and considered Protected Health Information and be subject to all state confidentiality standards and the Health Insurance Portability and Accountability Act (HIPAA).



68 **SECTION 3.** (1) A health care insurer that offers, issues or
69 renews a health benefit plan in this state shall provide coverage
70 for screening for depression of the birth mother by a healthcare
71 professional within the first six (6) weeks of the birth mother's
72 having given birth on or after January 1, 2026.

73 (2) The coverage for screening for depression of the birth
74 mother under this section (a) is not subject to policy deductibles
75 or copayment requirements; and (b) does not diminish or limit
76 benefits otherwise allowable under a health benefit plan.

77 **SECTION 4.** This act shall take effect and be in force from
78 and after July 1, 2025.

